



INSURANCE CLAIM CREDIT INSURANCE

T. +43/1/515 54-600, F. +43/1/515 54-339, schaden-austria@coface.com

Policy number* _____

DATA ON POLICY HOLDER

Company name* _____

Street, Number _____

Postal code _____ City _____

Country _____ Homepage _____

Telephone _____ Fax _____

CONTACT PERSON

Name _____

e-Mail _____ Telephone _____

YOUR BANK

Bank _____

Bank code _____ Account No. _____

(For the transfer of claim payments, unless the claims were assigned.)

DATA ON YOUR CUSTOMER

(Must be completed for customers within your discretionary limit, since we could have differing data.)

CRS number* _____

Company name* _____

Street, Number* _____

Postal Code* _____ City* _____

Country* _____

Tax ID (UID/VAT - if known) _____

* Must be completed.



Valid credit limit (EUR) _____

Insured amount from

Credit limit

Discretionary limit

(if also insured)

ADDITIONAL DATA ON INSURED EVENT

Outstanding receivable

Amount **excl. VAT*** _____ Currency* _____

Optional: other insured services/receivables (i.e. prime costs)

Amount **excl. VAT*** _____ Currency* _____

Type of claim

Insolvency

Court settlement

Out-of-court settlement in agreement with Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria

Unsuccessful levy of execution

Event similar to insolvency (if also insured)

Delayed payment (if also insured)

Delayed payment with collection (if also insured)

Date of insured event (i.e. insolvency proceedings opened on)* _____

Start of collection measures (i.e. lawyer, default summons, etc.)*

Date _____ Action _____

Brief description of previous collection results (must be completed if delayed payment / protracted default is also insured)

Please note that all further steps must be coordinated with Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria, or your insurance coverage may be endangered.

Retention of title or lien (amount):

Enforced _____ Currency _____

Realised _____ Currency _____



What goods/services form the basis for your claim?

Other information on the claim (i.e. complaints, counterclaims, etc.)

Place, Date

Authorised signature

Required Documents

- For insolvency and settlement cases: proof that the receivable has been registered with the court and will be handled during legal proceedings
- For insolvency and settlement cases: proof that the receivable has been accepted for handling during legal proceedings (if available)
- List of outstanding receivables – signed by an official representative of the company
- Accounts receivable ledger sheet – signed by an official representative of the company
- Documentation on the starting point for the insured event (e.g. filing application for insolvency)
- For @rating limit inquiries that you have conducted: proof of results
- For insured receivables within your discretionary limit: documents that demonstrate fulfilment of your limit requirements for delivery
- For your insured prime costs: documents that show the calculation or composition of your costs in a brief but plausible manner

Please send these documents (in copy) to one of the following addresses:

Mail:

Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria
Claims Department
P.O. Box 237
1011 Vienna

Fax: +43/1/515 54-339

e-Mail: schaden-austria@coface.com

General Information

This form is designed to facilitate the fast processing of claims. Its use is recommended, but not mandatory. Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria has the right to request additional documentation or information as described in the General Terms of Insurance, in the current version.

Please note that claims should be reported without delay, but no later than three months after occurrence of the insured event, or the right to compensation will be forfeited.